

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 807099	RECEIPT DATE:	04 / 09 / 01
IA NUMBER:	PCT/ US00 / 21615	IA FILING DATE:	08 / 08 / 00
FAMILY NAME:	PINKAS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	BINYAMIN	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	704-X00-047U	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: MARTIN FLEIT
 FLEIT KAIN GIBBONS GUTMAN & BONGINI
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 A201
 CITY: MIAMI
 STATE/COUNTRY: FL ZIP: 33131
 EMAIL:
 APPLICATION TITLES:
 HONESTY PRESERVING NEGOTIATION AND COMPUTATION

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 2969

SERIAL NUMBER 09/807,099	FILING DATE 04/09/2001 RULE	CLASS 380	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. 704-X00-47US
APPLICANTS Binyamin Pinkas, Jersey City, NJ; Simeon Naor, Tel Aviv, ISRAEL;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US00/21615 08/08/2000 WHICH CLAIMS BENEFIT OF 60/148,183 08/10/1999				
** FOREIGN APPLICATIONS *****				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> All <i>[Signature]</i> <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 22
INDEPENDENT CLAIMS 2				
ADDRESS Martin Fleit Fleit Kain Gibbons Gutman & Bongini 520 Brickell Key Drive Miami, FL 33131				
TITLE Honesty preserving negotiation and computation				
FILING FEE RECEIVED 373	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
				<input type="checkbox"/> All Fees
				<input type="checkbox"/> 1.16 Fees (Filing)
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
				<input type="checkbox"/> 1.18 Fees (Issue)
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Credit